PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE
Commissioner for Patents
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INSTRUCTIONS: This form appropriate. All further corruindicated unless corrected be maintenance fee notifications	n should be used for trans espondence including the P clow or directed otherwise	mitting the ISSU atent, advance of in Block I, by (a	JE FEE and loting and specifying a	PUBLICATION FEE (if req fication of maintenance fees a new correspondence addres	uired). Blocks I through 5 will be mailed to the currents; and/or (b) indicating a sep	should be completed when t correspondence address a parate "FEE ADDRESS" fo		
CURRENT CORRESPONDENCE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
27581 759	0 02/27/2006					emission		
MEDTRONIC, INC.				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being denosited with the United				
710 MEDTRONIC			I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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FC:1501 1400.00 DA				022	ruh T	(Signature)		
FC:1504 300.00 D				May 2,	2006	(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/556 437			David E. Francischelli		D0012.02	2214		
10/756,437	01/13/2004		David E. Fr	ancischelli	P9912.03	2214		
TITLE OF INVENTION: ME	THOD AND APPARATU	FOR TISSUE A	BLATION					
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	nonprovisional NO		0	\$300	\$1700	05/30/2006		
ЕХАМІ	EXAMINER ROANE, AARON F		IIT	CLASS-SUBCLASS] .			
ROANE, A)	606-041000				
1. Change of correspondence	address or indication of "Fe	e Address" (37.	2. For prin	ting on the patent front page,	list			
CFR 1.363).		`		nes of up to 3 registered pate	1 - 0	erry		
Change of corresponde	nce address (or Change of C	Correspondence	or agents C	OR, alternatively,		•		
Address form PTO/SB/122	2) attached.	·	(2) the nan	ne of a single firm (having as	a member a 2 Jeffr	<u>ev J. Hohenshe</u>		
"Fee Address" indication	on (or "Fee Address" Indica	ion form	registered	attorney or agent) and the nar	mes of up to			
PTO/SB/47; Rev 03-02 or Number is required.	more recent) attached. Use	of a Customer	2 registered listed, no n	d patent attorneys or agents. I ame will be printed.	f no name is 3			
3. ASSIGNEE NAME AND I	RESIDENCE DATA TO BI	PRINTED ON 1	THE PATENT	(print or type)		***		
PLEASE NOTE: Unless a recordation as set forth in	an assignee is identified be	ow, no assignee f this form is NO	data will appe T a substitute i	ear on the patent. If an assig	mee is identified below, the c	document has been filed for		
(A) NAME OF ASSIGNE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Medtronic.	Medtronic, Inc.			Minneapolis, MN				
					ai e e e e e e e e e e e e e e e e e e e	П <i>с</i>		
Please check the appropriate a	assignee category or categor	ies (Will not be pr	nnted on the pa	atent): Lindividual Wi	Corporation or other private gr	oup entity Government		
4a. The following fee(s) are e		Payment of Fee(s):						
Issue Fee			A check in the amount of the fee(s) is enclosed.					
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Advance Order - # of 0	Copies		The Direct Deposit A	tor is hereby authorized by checount Number 13-254	targe the required fee(s), or cre	edit any overpayment, to ra copy of this form).		
5. Change in Entity Status (from status indicated above				· · · · · · · · · · · · · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · · _ · _ · · _ · · _ · · _ ·			
	IALL ENTITY status. See 3		b. Applica	ant is no longer claiming ŞMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).		
The Director of the USPTO is	requested to apply the Issu	Fee and Publica	tion Fee (if an	y) or to re-apply any previous	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above.		
NOTE: The Issue Fee and Puinterest as shown by the recor	blication Fee (if required) w ds of the United States Pate	ill not be accepted nt and Trademark	d from anyone Office.	other than the applicant; a re-	gistered attorney or agent; or t	he assignee or other party in		
Authorized Signature	fly J. Ihle	ly		Date	May , 2006			
Typed or printed name	Jeffrey J. Hohe	enshell .		Registration	No. 34,109			
This collection of information	is required by 37 CFR 1.31	1. The information	on is required t	o obtain or retain a benefit by	the public which is to file (an	d by the USPTO to process		
This collection of information an application. Confidentialit submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1	y is governed by 35 U.S.C. blication form to the USPTG for reducing this burden, shuiz 22313-1450. DO NOT S	122 and 37 CFR Description of the Time will vary puld be sent to the TEND FEES OR (1.14. This coll depending up e Chief Inform COMPLETED	lection is estimated to take 12 on the individual case. Any continuous Officer, U.S. Patent and FORMS TO THIS ADDRES	minutes to complete, including the comments on the amount of the different of the commissioner of the comm	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450		
=		are required to res	spond to a coll	ection of information unless i	t displays a valid OMB contro	l number.		

000 RET NO: P-9912.03

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ISSUE FEE TRANSMITTAL

For: Method and Apparatus for Tissue Ablation

Serial No.: 10/756,437 Filed: 01-13-2004

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this ISSUE FEE TRANSMITTAL AND TRANSMITTAL and the paper(s), as described herein are being deposited with the United States Postal Service, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this April 2006.

Signature

Jo L. Brecht

Printed Name

Attn: Box ISSUE FEE
Commissioner for Patents
and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☑ PTOL FORM 85B
- Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees
- □ Return Postcard
- Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee, and \$300 Publication Fee for a **Total of \$1,700.00**.
- Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.
- Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Transmittal with regard to this filing.

Atty: Jeffrey J/Hohenshell

Reg. No. 34,109

Telephone: (763) 391-9661

Customer No. 27581